



## 5K RACE REGISTRATION FORM

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

### 5K Registration Fees:

Before May 1st \$15.00

Race Day Registration 7:00 am - 7:30 am: \$20.00

Race begins at 8:00am

\* T-Shirts will be given to the first 75 registered racers

Total to be paid by check or credit card: \$

Check \_\_\_\_\_ Credit Card: (circle one) Visa Mastercard Discover  
 Name on Card: \_\_\_\_\_  
 Address of Cardholder: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### Awards

Individual Awards will be presented to the top 3 males and females in the following age groups:

10 and under	11 - 14yrs	15 - 18 yrs	19 - 29 yrs
30 - 36 yrs	37 - 45 yrs	46 - 55 yrs	56 and over

There will also be an award given to the overall men's and women's winners.

Proceeds from the Frontier 5K Race will benefit the American Frontier Culture Foundation and aid in providing grants for school field trips.

ALL RUNNERS READ AND SIGN.  
PLEASE READ CAREFULLY BEFORE SIGNING.

**ACKNOWLEDGMENT, WAIVER and RELEASE FROM LIABILITY**

WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in the Frontier 5K Race on May 2, 2009, including, but not limited to falls, contacts with other participants, the effects of the weather, including high heat and humidity, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this release and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitle to my behalf, waive and release the Frontier Culture Museum and any or all sponsors, contributors of the race, their agents, and any persons assisting with the race and their successors from all claims or liabilities of any kind arising out of my participation in the race event though the liability may arise out of negligence or carelessness on the part of the persons referred to in this waiver. I also grant permission for the use of any photographs, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose. In the event that this race cannot be held on May 2, 2009, due to circumstances beyond the control of the race committee and sponsors, e.g., unsafe weather conditions, the race will be canceled and will not be rescheduled for another date this year. Since the majority of the cost of the race - such as entry forms, advertising and awards, occur prior to the race, entry fees may not be refunded.

☐ I hereby certify that I am eighteen (18) years of age or older; I have read this document; and I understand it's contents.

☐ I am under the age of eighteen (18) years - my parent/guardian has read and completed the waiver below.

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN WAIVER - FOR MINOR**

If the application is under 18 years of age, the parents or guardians must execute in addition to the standard waiver above, the following waiver and consent.

The undersigned, \_\_\_\_\_ (parent/guardian name) referred to as the parent and natural guardian or legal guardian of \_\_\_\_\_ (minor's name) does herby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all parties herein named on this form and releases from all liability, loss, cost, claim or damage whatsoever that may be imposed upon said releases because of any defect in or lack of such capacity to so act and release said releases on behalf of both of the undersigned.

**CONSENT TO MEDICAL TREATMENT OF MINOR**

I hereby authorize any duly authorized doctor, emergency technician, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at this event.

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatments.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please mail registration form and waiver to:  
Frontier Culture Museum, Attention: Ray Wright  
PO Box 810, Staunton, Virginia 24402